

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/586689

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		(1)		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		(1)		1		
23						
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48						
49						
50						
TOTAL IND.	1	↓	1	↓	0	↓
TOTAL DEP.	28	←	21	←	0	←
TOTAL CLAIMS	29		22		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	